



Green & Healthy Homes Initiative®

Healthy Homes Renovations: Engaging Hospitals as Investors

A guide to approaching hospitals to pay for healthy homes repairs

February 26 2019

[Please click this link to view a recording of this webinar.](#)

Objective: prepare community organizations, developers, governments, and others to approach hospitals as partners and potential investors in healthy homes services

Meet the presenters



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Agenda

- Assessing the hospital landscape
- Building the business case for your program
- Presenting the business case to investors
- Voices from the field:
 - AMITA Health
 - GHHI Memphis & Le Bonheur
- Q&A

Step 1: Assessing the local hospital landscape

Project partners should work to understand 1) what is important to local hospitals and 2) what incentives, if any, are in place for them to invest in programs that address the social determinants of health

Nonprofit hospitals are required to assess the needs of the communities they serve every three years

- Nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every 3 years and adopt an Implementation Plan.
- While there is no minimum spending requirement, hospitals spend, on average, 8.1% of their operating expenses on Community Benefits.¹
- Hospitals can count investments in addressing identified community needs as Community Benefits, but many focus on financial assistance, research, and professional development for staff.
- “Physical improvements & housing” & “environmental improvements” are eligible to count towards Community Benefits. Evidence of health benefit must be documented.
- Hospitals may not be incentivized to use this money to prevent certain insured populations from utilizing their services, as it can cut into revenue.

To see how hospitals near you use their community benefit dollars:

<http://www.communitybenefitinsight.org/>

Community Health Needs Assessments & Implementation Plans are a good place to start



Community Health Needs Assessment

Prepared by: Melanie Ferris and Katie Rojas-Jahn
December 2016



PRIORITY HEALTH ISSUES

HEALTH STATUS

- › Asthma
- › Mental health and well-being

SOCIAL DETERMINANTS OF HEALTH

- › Access to resources
- › Income and employment
- › Education
- › Structural racism

Example CHNA priority issues from Minnesota Children's Hospital

- Every 3 years hospitals must complete and make public a CHNA
- Each CHNA will name priority health issues
- Search CHNAs of local hospitals to understand priority health issues
- Identify hospitals that list asthma, environmental health, or another related issues as a priority

Community Health Needs Assessments & Implementation Plans are a good place to start



2017 – 2019 Implementation Plan

Priority issue	Objectives	Anticipated impact	Resources
Asthma: Develop improved asthma condition support and management with attention to disparities in health care outcomes, environmental factors and community-informed approaches to care.	<ul style="list-style-type: none"> Plan and implement an asthma intervention that supports children and their families through an equity-based framework to address outcome disparities observed in Minnesota Community Measurement reporting. Support connections to community-based resources and agencies to address the environmental and social determinant factors that impact asthma condition severity and management. Build relationships with patients and families, community members and community-based organizations and agencies to integrate community-informed perspectives on asthma care. 	Improve care for children with asthma, focused on reducing disparities between racial and ethnic groups in care and condition outcomes.	Children's provides comprehensive asthma care for children at all primary care clinics, through a specific Asthma Clinic and in our Emergency Department and Inpatient units when asthma symptoms become more severe.

- CHNAs must have an accompanying Implementation Plan that outlines goals for addressing each priority issue
- If your issue area is a hospital priority, consult the Implementation Plan to understand hospital's goals for addressing this issue and how your work fits

In 2016, Children's Minnesota reported \$120M in community benefits - \$11M (1.4% of total expenses) was spent on community health improvement services & community benefit operations

Community Health Needs Assessments & Implementation Plans are a good place to start



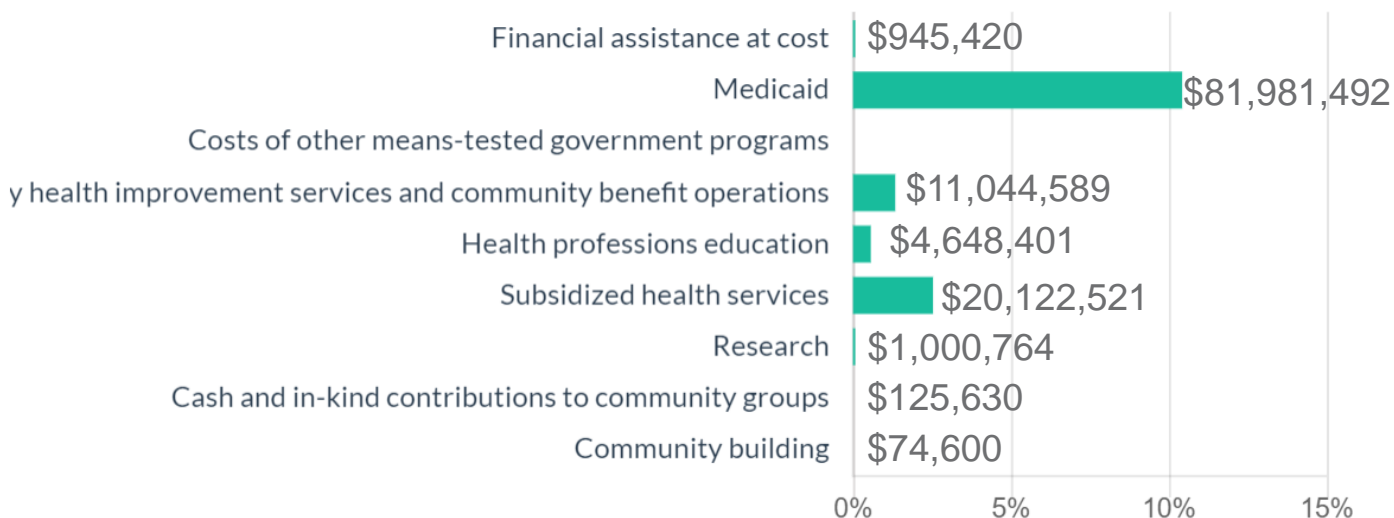
Community Benefit Spending- 2016

(as % of functional expenses, which all tax-exempt organizations report on Form 990 Schedule H)



Spending by Community Benefit Category- 2016

(as % of total functional expenses)



For an overview of what counts as Community Benefit in each category:

<https://www.chausa.org/communitybenefit/what-counts>

Community Health Needs Assessments & Implementation Plans are a good place to start

Potential next steps if...

Your issue area is a hospital priority:

- Find a contact at the hospital:
 - Authors/contributors to CHNA
 - Community relations or community benefit team (often larger hospitals)
 - Any contact you may have there
- Build the business case for your program, paying close attention to aligning with the Implementation Plan(s)
- Present your business case to the hospital

Your issue area is *not* a hospital priority:

- Hospitals consult community organizations when creating the CHNA
- Many CHNAs and Implementation Plans list community partners that have been consulted; contact those organizations to understand the process
- Contact the hospital early about supporting the next CHNA
- Build the business case for your program to present as part of the CHNA planning process or separately

Some states also require or incentivize hospitals to meet certain quality standards that your program could help achieve

Ex: Integrated Health Partnerships (IHPs), Minnesota

- State and providers contract to form IHPs for Medicaid & Medicare patients
- IHPs utilize a value-based payment model where savings/losses for defined set of services are shared
- Shared savings also contingent upon IHP's score on quality measures.
Example measures include:
 - Asthma admission rates
 - Asthma Medication Ratio

Ex: Accountable Care Organization (ACO) Quality Scores, Massachusetts

- ACOs (groups of health providers) receive an annual Quality Score based on performance across 7 quality measures
- Quality Score impacts ACOs shared savings/loss payments from State
- Relevant quality measures include:
 - COPD or asthma admission rates
 - Asthma Medication Ratio

Check with your state's Medicaid office to see what exists near you.

Step 2: Building the business case for your program(s)

Once you have an understanding of what is important to local hospitals and what incentives are in place for them to invest in your service(s), it's time to **build the business case**

Data collection and analysis is key to building the case for your program

To decide what type of data to collect and analyze, determine where the following **intersect**:

1. Your programs **desired outcomes** and **greatest strengths**
2. Your target hospital(s) **interests, goals, and incentives**

Potential data to collect

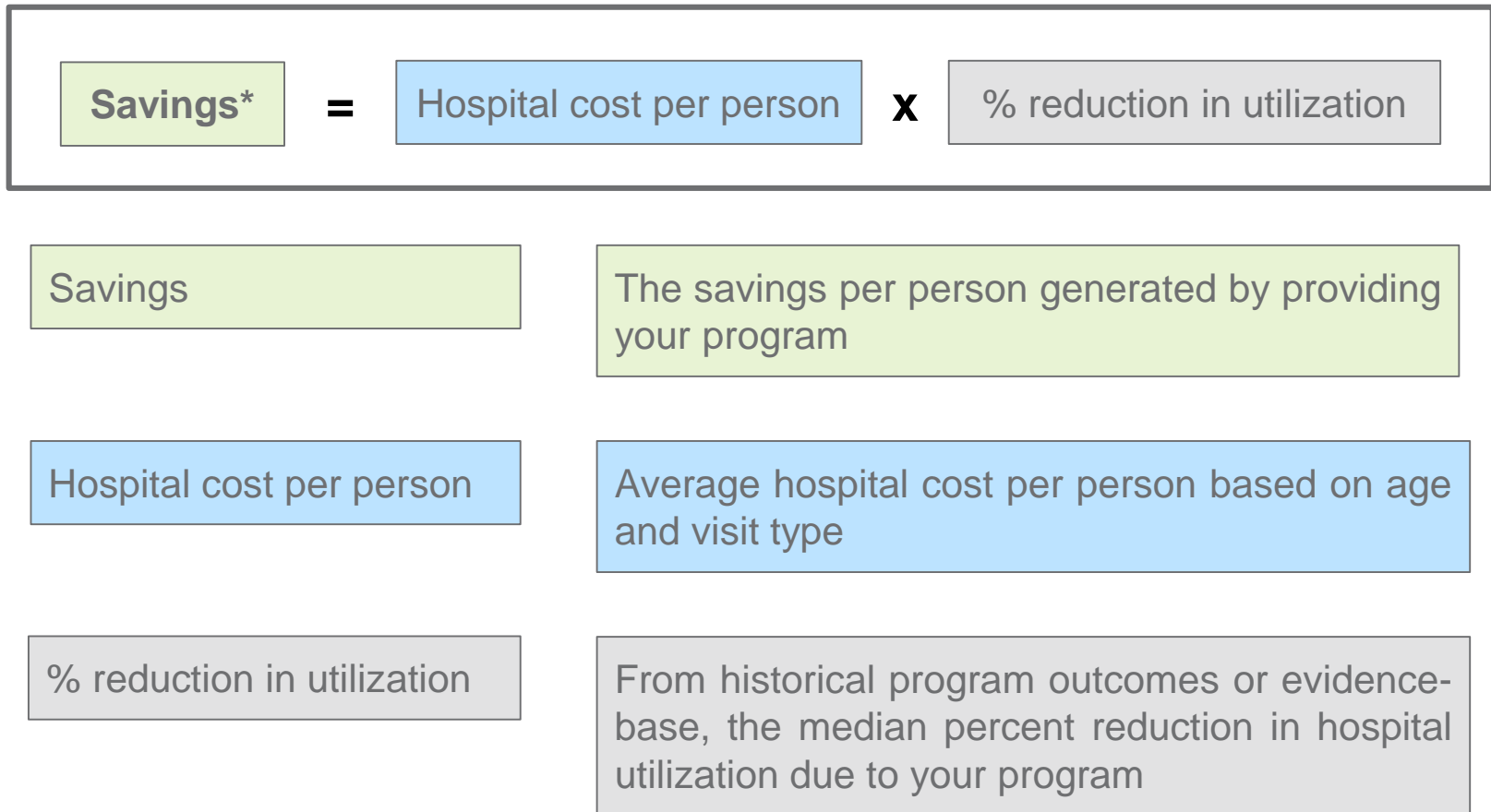
- **Prevalence:** how many adults and children at the hospital/in the local area suffer from the identified issue?
- **Health utilization:** how often are individuals going to the hospital or emergency room for the identified issue?
- **Cost of health utilization:** how much does it cost for those individuals to visit the hospital or emergency room?
- **Historical/evidence-based outcomes:** historically, what outcomes has your program achieved related to improving health and/or reducing health care utilization for clients OR what does the general evidence-base say about outcomes for similar programs?
- **Cost of program:** historically, what has your program cost to implement?

Data can come from a variety of sources, determine which are best and most accessible for your needs

Data source	Potential uses of the data	Why it's important
Hospital electronic medical records	<ul style="list-style-type: none"> Building the cost-benefit analysis Operations planning Demonstrate magnitude of issue 	<ul style="list-style-type: none"> Understand & demonstrate prevalence of issue for hospital Understand costs associated with issue for hospital
Health plan data	<ul style="list-style-type: none"> Building the cost-benefit analysis Demonstrate magnitude of issue 	<ul style="list-style-type: none"> Understand utilization based on claims made to health plan Understand & demonstrate prevalence of issue locally
Publicly available data	<ul style="list-style-type: none"> Building the cost-benefit analysis Operations planning Demonstrate magnitude of issue 	If hospital & health plan data not available, public data can be used instead
Historical program performance data	<ul style="list-style-type: none"> Building the cost-benefit analysis Operations planning Building credibility 	<ul style="list-style-type: none"> Demonstrate ability of program to achieve results Program-specific outcomes/costs for cost-benefit analysis
External evidence	<ul style="list-style-type: none"> Building the cost-benefit analysis Demonstrate effectiveness of evidence-based intervention 	If relevant historical program data is not available, scientific evidence can be used instead

Once you have data, you can begin to build the cost-benefit analysis

The benefit side of the calculation should focus on the **quantitative (monetary) benefits** to the hospital, but your business case should also include qualitative data



**This is one example of calculating savings to the hospital, but programs should adapt based on their specific goals*

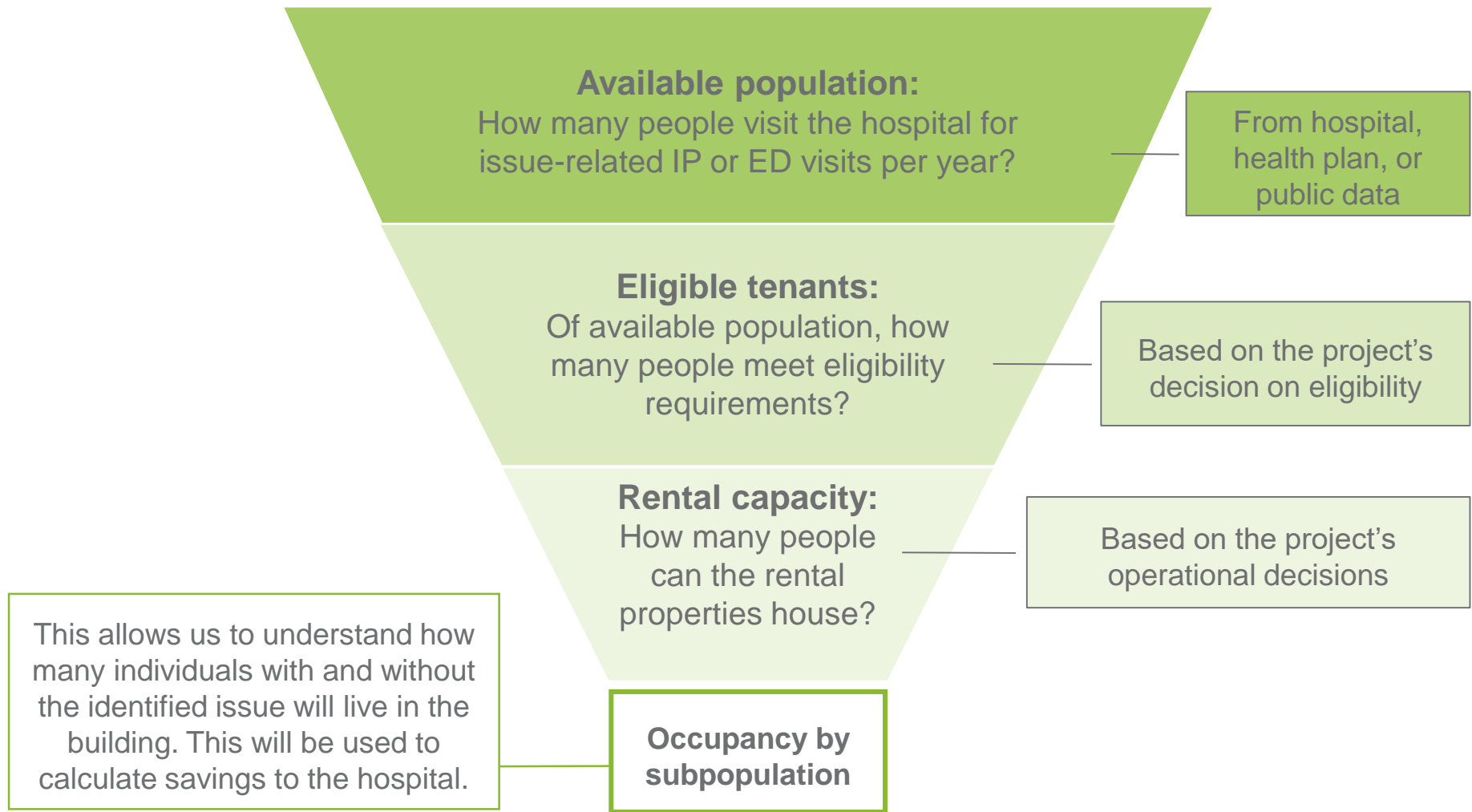
Once you have data, you can begin to build the cost-benefit analysis

The cost side of the calculation should focus on the **cost of healthy homes renovations that positively impact the identified issue**

Description of Work	Cost
Carpet steam clean	3,000.00
IPM contractor	600.00
Gutter repair	600.00
Mold major (>10ft ²)	8,000.00
Mold minor (<10 ft ²)	1,000.00
Plumbing major	4,000.00
Plumbing minor	700.00
Venting, bathroom	5,000.00
Venting, dryer	3,000.00
Venting, kitchen	5,000.00
Air conditioners (window units)	3,000.00
Air purifiers	1,800.00
Dehumidifier	1,800.00
Roof repair	8,000.00
Furnace replacement	8,000.00
Total, building	53,500.00
<i>Total, per unit</i>	<i>1,783.33</i>
<i>Total, per resident</i>	<i>764.29</i>

Illustrative example for healthy homes repairs in 30-unit (70 person) multi-family building

Understanding the scale of your project is important for calculating both cost and savings



Illustrative example for determining scale of a healthy homes multi-family project

Your business case could include some of the following outputs

- **Health outcomes:** based on historical program performance or scientific evidence for similar programs, what health outcomes are expected for participants
- **Return on Investment:** percentage that shows the gain or loss expected on the hospital's investment in your program over a specified period of time
- **Value, in dollars:** amount the hospital should expect to save above and beyond the initial investment over a specified period of time
- **Non-health outcomes:** other social outcomes that your program will impact, such as missed school or work days, educational achievement, displacement, etc. (especially those that are important to hospital, as defined in CHNA)
- **Outputs:** number of hospital patients expected to live in and benefit from the updated units

Step 3: Present your business case to potential partners and investors

Once your business case is ready, it's time to **receive input** from relevant partners and **present to potential investors** in your community

Present your business case to a variety of potential investors, not just hospitals

Why present to a diverse set of potential investors?

- Non-health related costs: While hospitals may be the main audience, they are likely to only pay for health-related activities. If your project has other costs, having other investors will be useful.
- Leveraged funding: Having other funding sources will show hospital how their investment is catalytic and will demonstrate local confidence in your work

Who are potential investors to approach?

This step is very program specific, but potential investors could include:

- Hospitals and health systems
- Community Development Finance Institutions (CDFIs)
- Local and national banks
- Utility companies
- State and local government
- Foundations

Be intentional about who you present to within an investor's organization

If you know someone within a potential investor's organization, start there. If not, do your research and start with some of the people below:



Hospitals

- Community benefits
- Population health
- Finance team
- Chief Medical Officer



CDFIs/banks

- Community relations
- Portfolio managers (health, housing)
- Strategic initiatives



Government

- Housing Finance Agencies
- Dept of Health
- Local politicians



Utilities

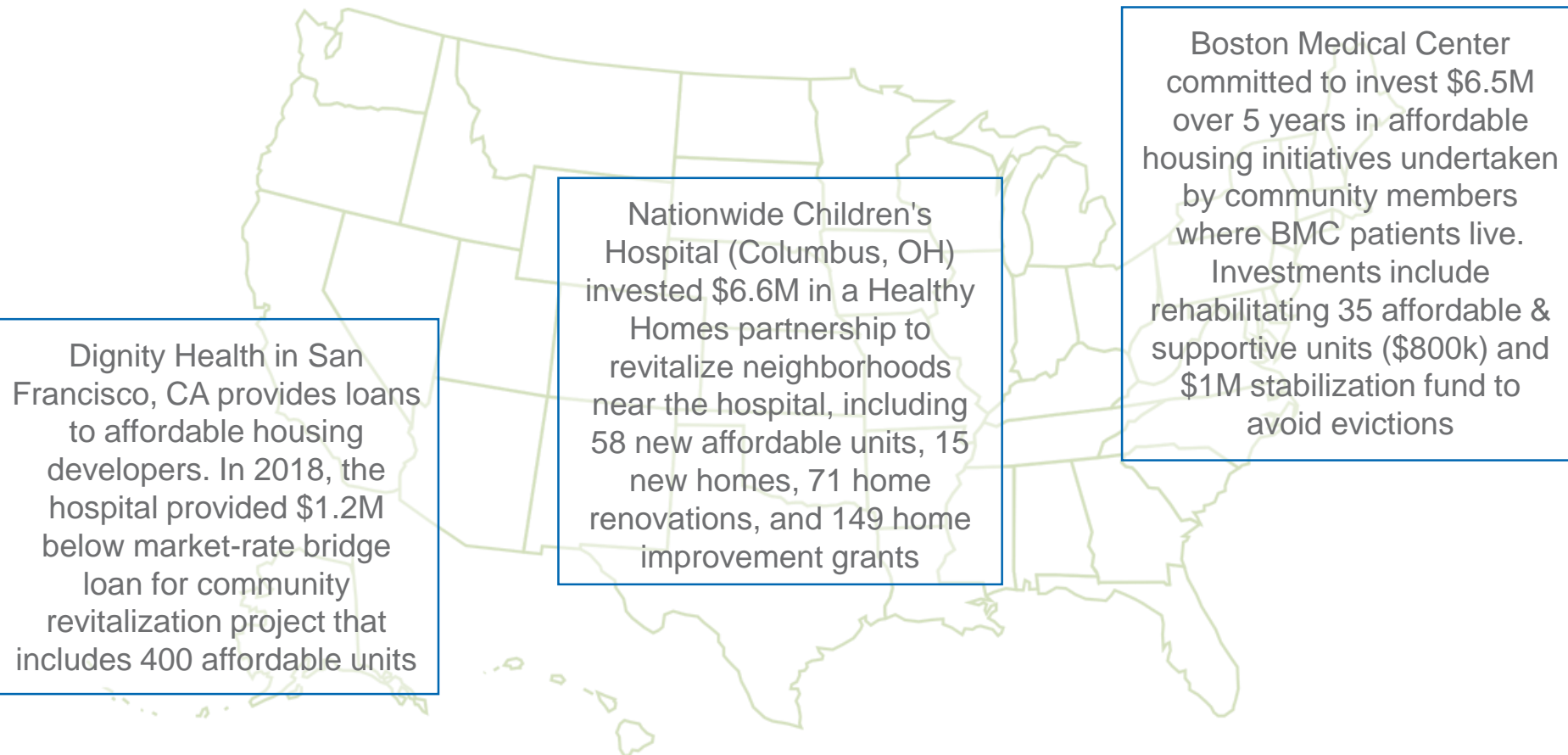
- Corporate social responsibility team
- Community relations
- Weatherization/EE

*There will not be **one** right person within an organization, but multiple people that need to hear and approve your idea*

Frequently asked questions from health care to be prepared to address

- What type of data do you need for analysis?
- What is the best way to share data?
- How do you handle landlords if you work in rental properties? Shouldn't the landlord be paying for the renovations?
- What other investors/funders might contribute to the project other than us?
- What other health care entities have you spoken with about this project? Do you plan to approach other local health care organizations to invest?
- How does this relate to homelessness and our other initiatives, including supportive housing?
- The community has a lot of social issues to address, how do we know this is the correct place to invest?
- Why us? What can we bring to the table, other than funding, that makes us a good partner for this opportunity?

Examples of hospitals & health systems investing in healthy, affordable housing



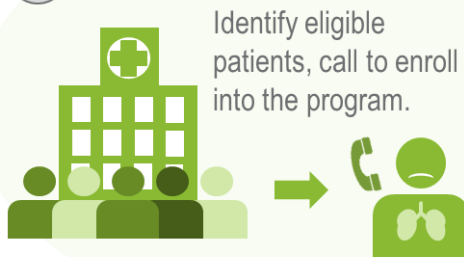
AMITA Health (formerly Presence Health)



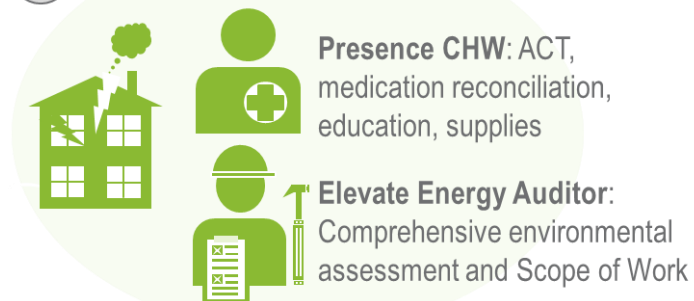
ELEVATE ENERGY
Smarter energy use for all

Model for Asthma Home Visiting and Repairs

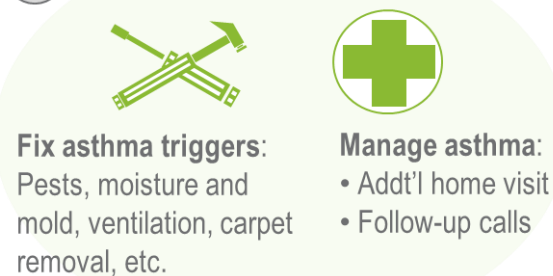
1 Intake and enrollment



2 Initial Home Visit



3 Asthma education and home repairs



4 Evaluation of outcomes



AMITA Health (formerly Presence Health)



ELEVATE ENERGY
Smarter energy use for all

Pilot Overview

- **Timeframe:** December 2017 to September 2018
- **Budget:** \$100,000 (philanthropy, community benefit, in-kind contributions)
- **Eligibility:** At least 1 ED or inpatient admit for asthma in past 12 months, uninsured, under 65 years old
- **Enrollment:** 20 patients, identified through Presence Health records
- **Neighborhood:** Humboldt Park
- **Data:** Presence and Elevate are using Efforts to Outcomes (case management software) to track client cases

Preliminary Results

- 19 out of 20 participants improved their Asthma Control Test score (1 participant was lost to follow up)
- 18 out of 20 reached a score of at least 19. (19+ =participant has “controlled” asthma)
- The average improvement was 7.11 points—a 56% improvement over average baseline ACT score
- 72% of those who responded experienced reduced interference with work and school because of their asthma and a reduced reliance on their rescue inhaler

GHHI Memphis partnered with Methodist LeBonheur Hospital's Community Outreach Programs to receive referrals directly from the hospital

Timeline & Background

- **November 2014** – Le Bonheur Children's and 8 other housing and legal services partners establish the Memphis and Shelby County Healthy Homes Partnership with the mission *every child grows up in a healthy home*.
- **November 2017** – Memphis becomes a GHHI site. The GHHI Compact Agreement is signed by 17 multi-sector partners including the City of Memphis, Shelby County Government, Le Bonheur, Shelby County Health Department, and other nonprofit housing and legal services partners.
- **December 2018** – GHHI Memphis open for business, housed within the offices of Methodist Le Bonheur Community Outreach (MLCO). MLCO has been instrumental in securing funding for the project through national and local foundations and governmental partners.
- **January 2019** – [Washington Post article](#) on evictions and substandard housing in Memphis.

February 2014 –

- A Business Associates Agreement (BAA) and Cooperative Service Agreement between MLCO and GHHI executed. Will allow referrals for housing navigation and assistance using the GHHI Intake Form.
- Up to 120 referrals from MLCO community programs per year.
- GHHI will provide eligibility determinations, assistance in applications to multiple housing and weatherization programs, and documentation of barriers.



Green & Healthy Homes Initiative®

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Memphis/Shelby County GHHI Intake Form

Referring Organization: _____ Name: _____
Email: _____ Phone: _____ Date: _____

First Name: _____ Last Name: _____
Home Phone: _____ Cell Phone: _____
Property Street Address: _____ Zip: _____
Email: _____ Language Spoken: _____

Client/Family is (circle all that apply): Renter / Homeowner / Unstable Housing

Dwelling/Property is (circle one): Single House, 1-4 units, 5+units, Mobile Home

Age of House/Property: _____

Do any of these apply to ANYONE in the home?

Senior: Yes / No Age: _____
Children under the age of 6 living in home Yes / No
Children under the age of 6 visiting the home Yes / No
Pregnant women in the home Yes / No
Veteran Yes / No
Diagnosed with asthma Yes / No
Has an elevate blood lead level Yes / No
Special mobility needs Yes / No

Is anyone enrolled in these programs?

Medicaid/TennCare Yes / No
Section 8 Yes / No
Public Housing Yes / No
Housing Choice Voucher Yes / No
Energy Assistance Yes / No
LIHEAP Yes / No
Health Insurance Yes / No
Other (circle): TANF EBT SNAP WIC

Total persons living in home _____
Total monthly rent/mortgage \$ _____
Have you ever been evicted Yes / No
Average monthly utility bill \$ _____

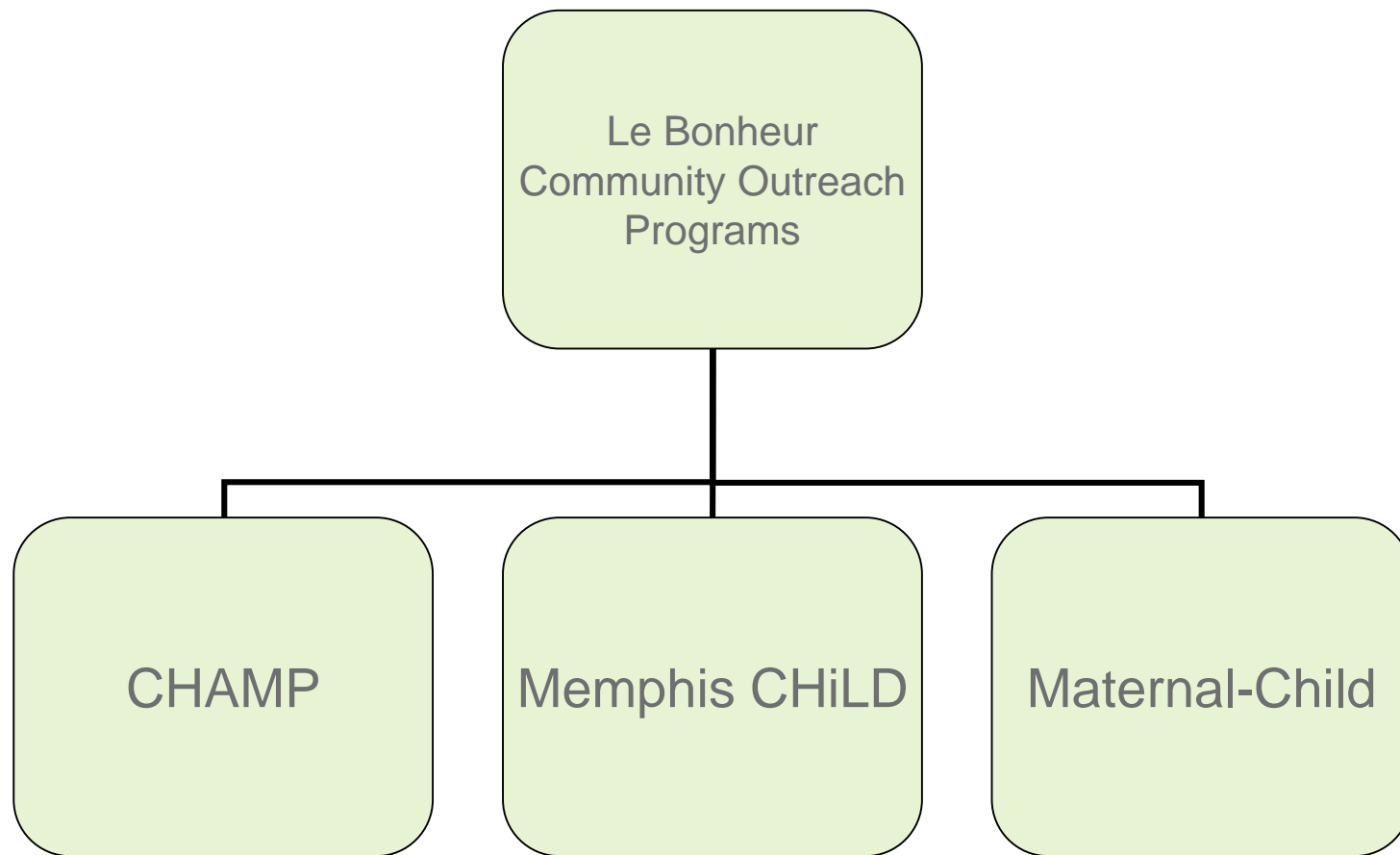
Total household income \$ _____
Are you current on rent/mortgage Yes / No
Have you ever filed for foreclosure Yes / No
Have your utilities ever been cut-off Yes / No

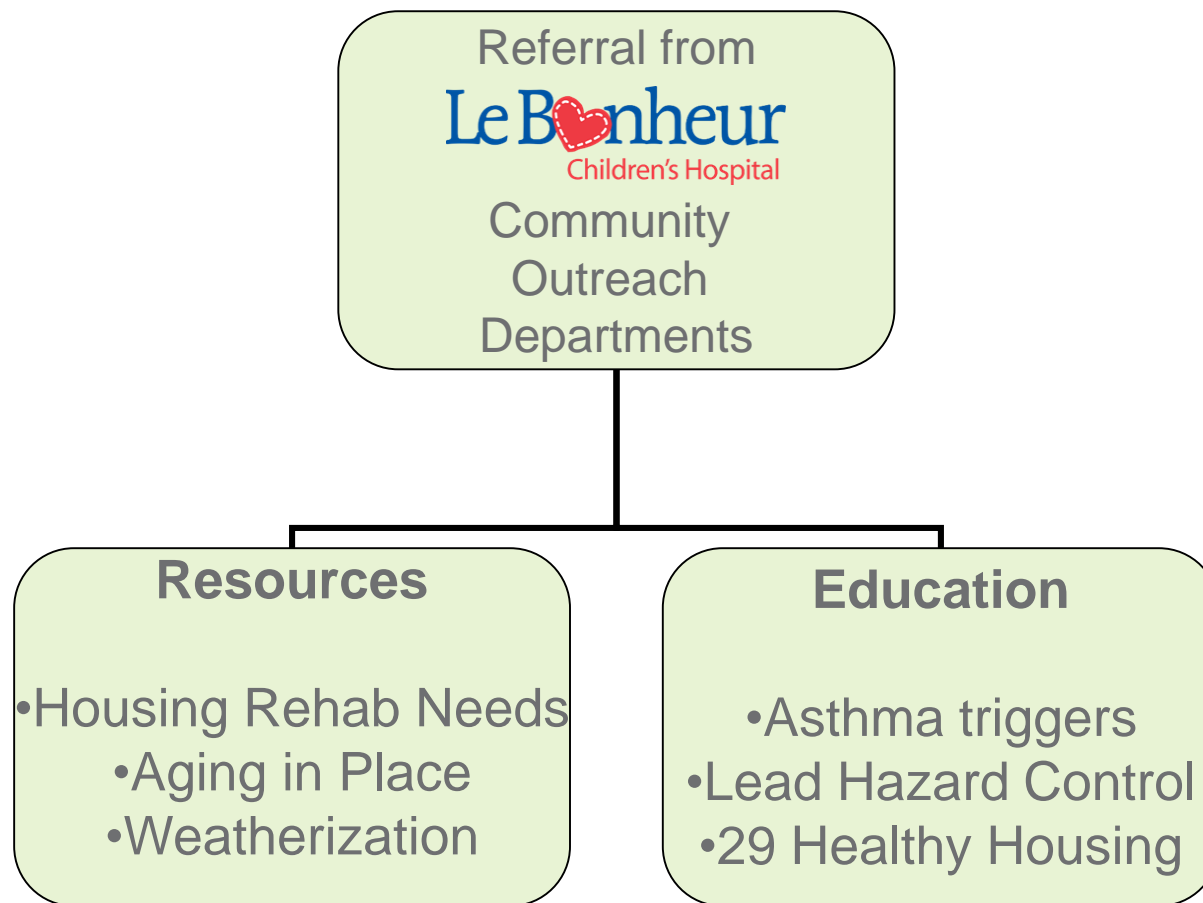
I, _____, authorize the referral agency listed above to disclose the information I have provided in this intake form to representatives of the GHHI Memphis Learning Network for the purpose of identifying additional services for which my family might qualify. I understand that my records are protected under state and federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time and that this consent expires automatically one year from the date below. I understand that this information may be transmitted via email.

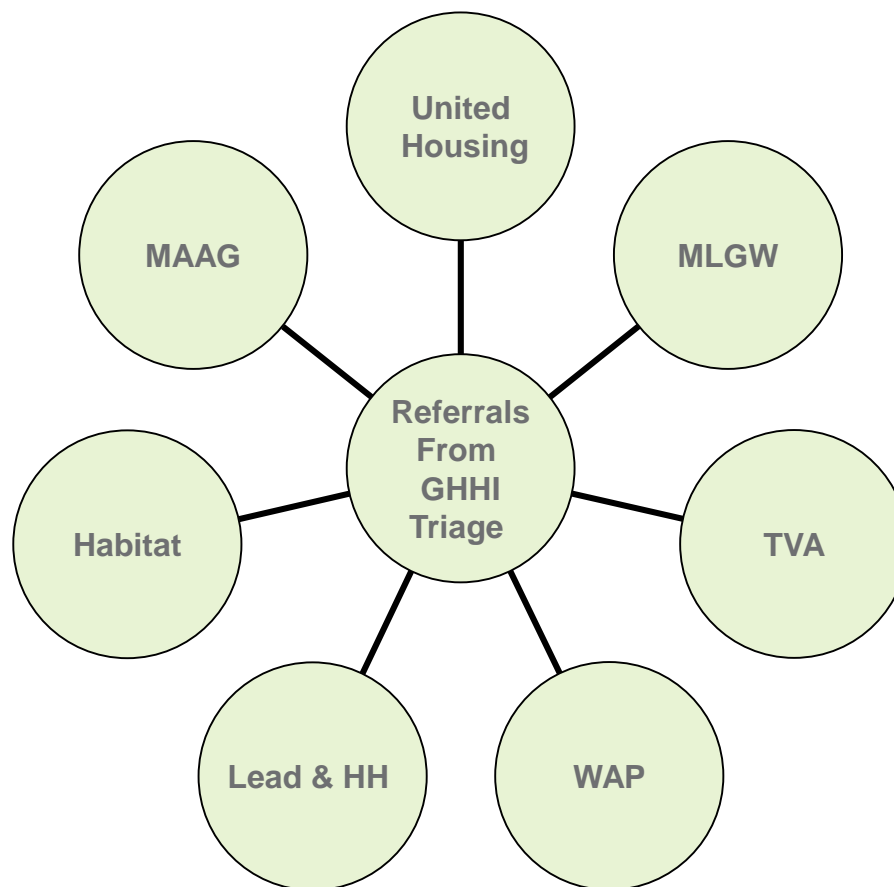
Signature(s) _____

Date _____

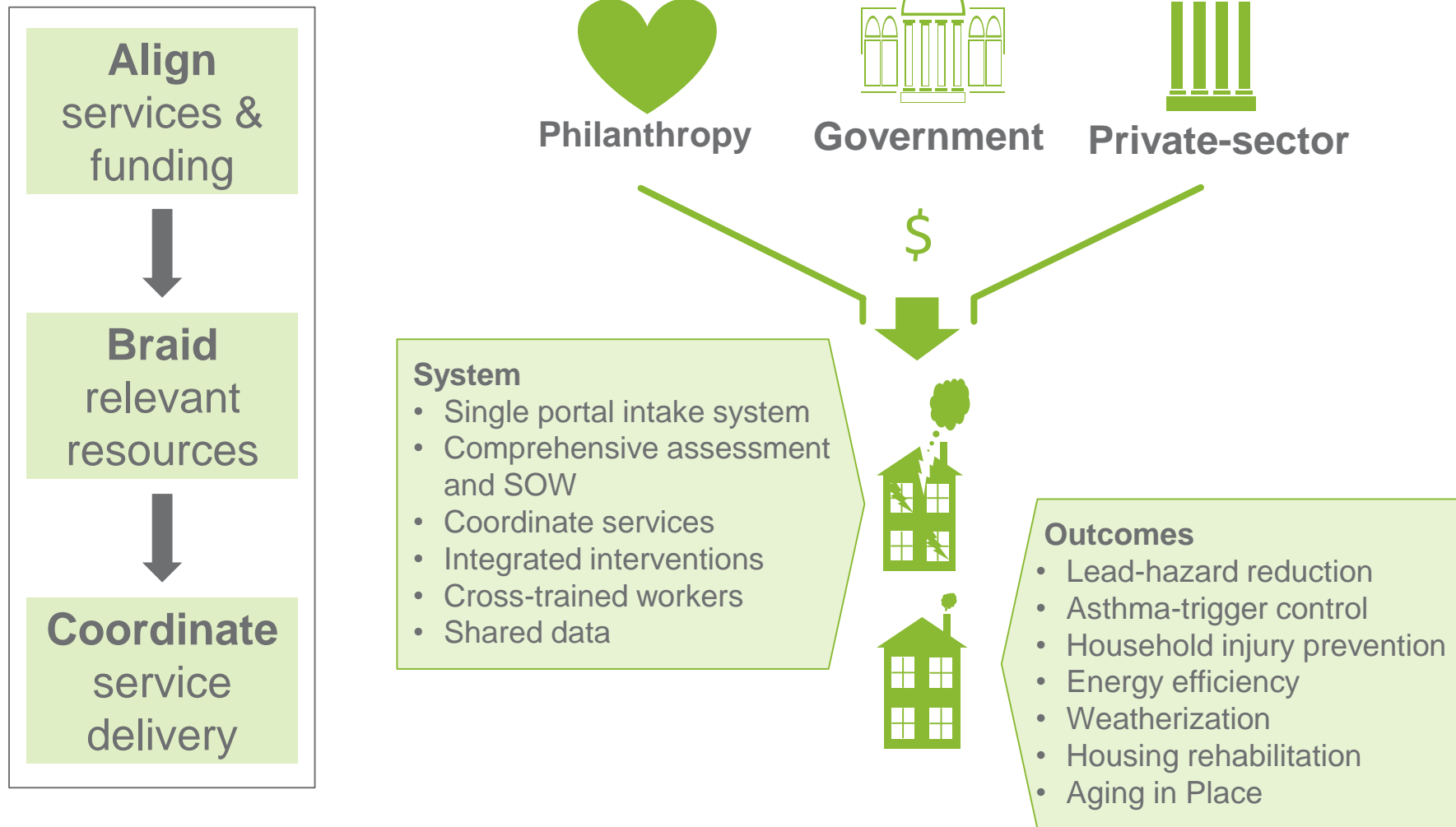








GHHI Memphis integrated model: no wrong door in Memphis-Shelby County



While building this partnership, some challenges were met and overcome that may be applicable to other potential partnerships

Challenges

- HIPPA Privacy Rule
- Corporate Hospital buy-in
 - Children's hospital was committed, but needed Corporate sign-off
 - Fundraiser & meeting convener

Overcoming Challenges

- Find a “champion” at the hospital & invite to a Learning Network
 - ER doctor that sees homeless population and wants change
 - Case worker that goes into homes and sees hazards
- Sign a Business Associates Agreement (BAA) to receive referrals
- Show data related to housing = health cost savings (business case)

Recap of the three steps

1. Assess the hospital landscape

Project partners should work to understand 1) what is important to local hospitals and 2) what incentives, if any, are in place for them to invest in programs that address the social determinants of health

2. Build the business case

Once you have an understanding of what is important to local hospitals and what incentives are in place for them to invest in your service(s), it's time to build the business case

3. Present your business case to potential investors

Once your business case is ready, it's time to receive input from relevant partners and present to potential investors in your community

GHHI has worked with programs and communities to build the business case for their services and present them to investors

If you would like help with assessing the hospital landscape, building your business case, or approaching investors – please reach out!

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